

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 0628982
APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1		1				51							
2		1		1			52						1	
3		1		1			53							
4		1		1			54							
5		1		1			55							
6		5		5			56							
7							57							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.		9		9			TOTAL DEP.							
TOTAL CLAIMS	10		10				TOTAL CLAIMS							